#### Reduction of Inappropriate Emergency Department Utilization





#### Introduction

#### Welcome to today's presentation:

#### Reduction of Inappropriate Emergency Department (ED) Utilization

This presentation will provide you with an overview of the ED High Utilizers as well as the services, tools, and resources provided by Community Health Network of CT, the Medical ASO for the HUSKY Health Program to assist in the management of members. The tools help identify real time information and interventions to better serve HUSKY Health members in reducing inappropriate ED visits.

#### Presentation topics include:

- Overview of High Utilizers
- Interventions
- Member Education
- Provider Education



Calendar Year**	Pediatric Visits	Visits per 1,000 Members Per Year	Pediatric % change	Adult Visits	Visits per 1,000 Members Per Year	Adult % change
2012	209,907	56.96	N/A	335,966	106.19	N/A
2013	210,166	55.98	-1.72%	347,520	104.17	-1.91%
2014***	217,154	54.22	-3.15%	387,247	89.62	-13.97%

- Overall decline in ED visits from 2012 to 2013 was approximately 1.32%
- Adult ED visits decreased by 1.91% while Pediatric ED visits decreased by 1.72%
- Based on preliminary HEDIS results for 2014 the overall decline in ED visits vs.
   2013 is approximately 7.71%

<sup>\*</sup> Excludes behavioral health visits, dual eligible and limited benefit members

<sup>\*\*</sup> All years reflect Calendar Year

<sup>\*\*</sup> Preliminary HEDIS results - 2014 claims run out is not complete as of 5/29



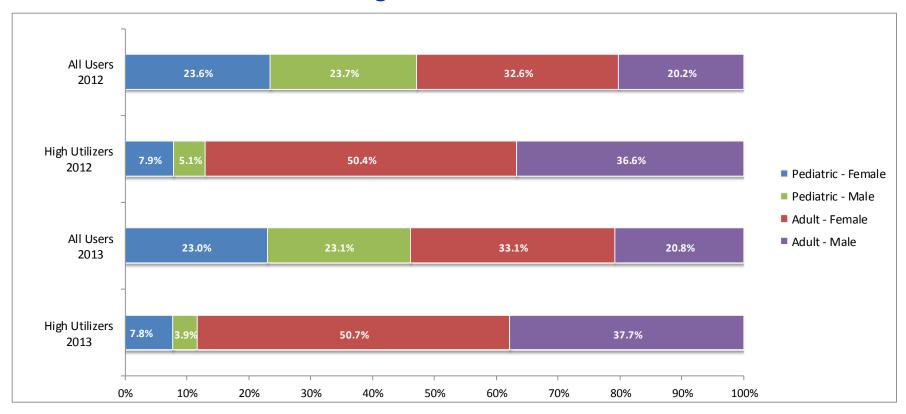


### **ED High Utilizers**

- Criteria includes Husky Health Members with 10 or more annual visits to the ED (frequent utilizers)
- Frequent users represent a small percentage of all ED patients but a disproportionate share of visits.
- Frequent users account for approximately 1.7% of the members with an ED visit but 11.1% of the medical visits to the ED.\*

<sup>\*</sup> Excludes dual eligible and limited benefit members

## ED High Utilizers vs. All ED Users Age and Gender\*



- In 2013, ED High Utilizers were predominately adult 88% versus 53% for all ED Utilizers
- Adult female members represented > 50% of ED High Utilizers but only 33% of all ED Utilizers in 2013

<sup>\*</sup> Excludes dual eligible and limited benefit members

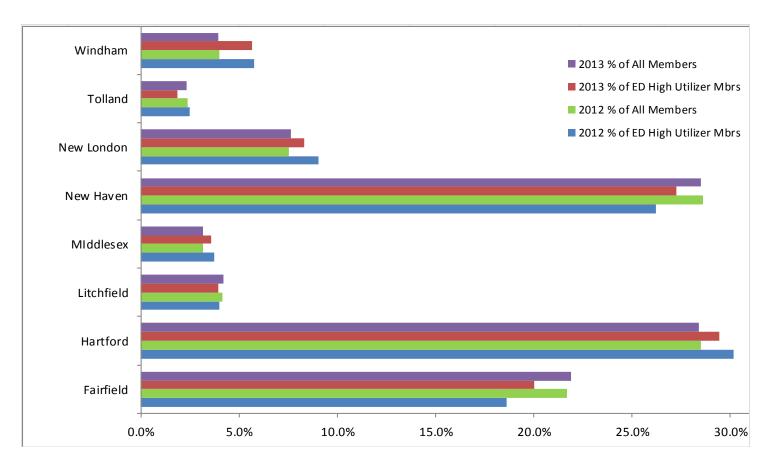


#### **ED High Utilizers By Program\***

- In 2013, ED High Utilizers based on number of members
  - Husky A/B = 43.3%
  - Husky C = 23.23%
  - Husky D= 33.43%
- Husky D experienced the largest decrease 9.9 % in number of members classified as High ED utilizers while Husky C experienced a 1.6% decrease

<sup>7</sup> 

#### ED High Utilizer by County of Residence\*



- In 2013, of the 4,525 ED High Utilizers 76.7% resided in Fairfield, Hartford or New Haven county while 78.8% of the Husky Health members resided in one of these three counties.
- The number of ED High Utilizers decreased by 147 members while membership increased by over 17,000.

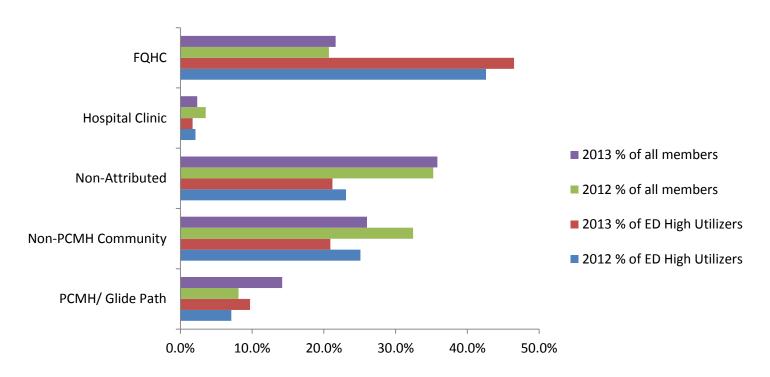
<sup>\*</sup> Excludes Charter Oak, dual eligible, limited benefit and out of state members

#### ED High Utilizer Medical Visits by Hospital\*

Hospital	2013 Visits	2012 Visits	Percent Change
YALE NEW HAVEN HOSPITAL	5,774	5,588	3.3%
THE HOSPITAL OF CENTRAL CONNECTICUT	5,676	6,280	-9.6%
HARTFORD HOSPITAL	4,739	4,585	3.4%
BRIDGEPORT HOSPITAL	4,057	3,705	9.5%
ST VINCENTS MEDICAL CENTER	3,606	4,257	-15.3%
SAINT MARY'S HOSPITAL	3,288	3,552	-7.4%
ST FRANCIS HOSPITAL MEDICAL CENTER	2,936	2,518	16.6%
MIDSTATE MEDICAL CENTER	2,899	3,019	-4.0%
WATERBURY HOSPITAL	2,628	2,614	0.5%
WILLIAM W BACKUS HOSPITAL	2,611	2,513	3.9%
LAWRENCE AND MEMORIAL HOSPITAL	2,276	2,647	-14.0%
BRISTOL HOSPITAL	2,250	2,077	8.3%
DANBURY HOSPITAL	1,940	1,131	71.5%
WINDHAM COMM MEMORIAL HOSPITAL	1,790	2,612	-31.5%
MIDDLESEX HOSPITAL	1,781	1,959	-9.1%
STAMFORD HOSPITAL	1,728	1,765	-2.1%
GRIFFIN HOSPITAL	1,502	1,472	2.0%
CHARLOTTE HUNGERFORD HOSPITAL	1,273	1,133	12.4%
MANCHESTER MEMORIAL HOSPITAL	1,135	1,573	-27.8%
UCONN – JOHN DEMPSEY	1,096	962	13.9%
NORWALK HOSPITAL	960	825	16.4%
ROCKVILLE GENERAL HOSPITAL	928	1,325	-30.0%
CONNECTICUT CHILDRENS MEDICAL CENTER	661	947	-30.2%
DAY KIMBALL HOSPITAL	660	666	-0.9%
MILFORD HOSPITAL	637	604	5.5%
JOHNSON MEMORIAL HOSPITAL	541	532	1.7%
GREENWICH HOSPITAL	287	282	1.8%
NEW MILFORD HOSPITAL	268	299	-10.4%
SHARON HOSPITAL	85	133	-36.1%
OUT OF STATE HOSPITALS	593	517	14.7%
Total	60,605	62,092	-2.4%

<sup>\*</sup> Excludes dual eligible and limited benefit members

## Attribution Settings by Number of Members ED High Utilizers versus All Members



- In 2013, 56.2% of the ED High Utilizers were attributed to an FQHC or PCMH/GP practice representing an increase of approximately 6.5 percentage points over 2012.
- The percentage of all members attributed to an FQHC or PCMH/GP practice represented 28.8% in 2012 and 35.8% in 2013.

<sup>\*</sup> Excludes dual eligible and limited benefit members

# Technology to Address High Utilizers

# Admissions, Discharges and Transfers (ADT) - Targeted Use of Information

- Electronic real time receipt of admission, discharge and transfer transactions for HUSKY Health members from CT Hospitals.
- The live feed of electronic data is received and prioritized by CHNCT using criteria to identify members that may benefit from care management services while in the ED, in the hospital, or in the community.
- CHNCT focuses on:
  - Chronic diseases such as Asthma, Diabetes, Chronic Obstructive Pulmonary Disease and Sickle Cell
  - Transplants
  - Maternity and newborn needs
  - Children and youth with special healthcare needs
  - Unmet social needs



#### **ADT Implementation**

- In Early 2014, CHNCT began a pilot program with Yale New-Haven Health System (Yale, Greenwich and Bridgeport Hospitals)
- Real time notifications
  - Developed of capability to accept data
  - Built system to generate real time notification
  - Created reports to do care coordination
- Interventions
  - Provided outreach calls for members identified without a PCP after first ED visit
  - Educated Members about Nurse Helpline and alternatives to the ED

#### Care Management Interventions

## Emergency Department Care Manager

- Collaborate with hospital ED Coordinator to:
  - Identify medical, functional, social and emotional needs
  - Collaborate with behavioral health and ICM to:
    - Facilitate transitional planning and post discharge outreach
    - Ensure member's condition, medication regime, home care, outpatient needs, gaps in care and disease-specific education need are addressed
  - Schedule PCP appointment for follow up care; for members without a PCP assist to obtain a PCP
  - Assist with transportation needs

#### **Intensive Care Manager**

- ICM uses an individualized approach to provide support and education to HUSKY members based on their specific needs.
  - Face to Face (including onsite at ED when appropriate)
  - Telephonic support
  - Person-centered care planning, utilizing evidence-based clinical guidelines
- Member Identification
- Comprehensive Assessment and Care Plan
- Coordination and Collaboration
- Coaching and Education
  - Chronic Condition Coaching
  - Preventive Care Coaching
- Care Plan Goals Met

#### Sample ADT Notification

From: CHNReports@chnct.org [mailto:CHNReports@chnct.org]

**Sent:** Wednesday, May 20, 2015 9:04 AM

**To:** EDNotificationGroup **Subject:** ED High Utilization

Member ID: 999999999

Member Name: SAMPLE, PATIENT

Member Address: 25 SAMPLE STREET APT A ANYTOWN CT 00011

Member Phone: 2039999999 Member DOB: 9999-01-01

Age: xx

Program: HUSKY D Eligibility Status: Active

Sensitive Opt Out Selections: Medical is reportable

Name of ED: BH

PCP Name: Doctor PCP PCP Phone: 2031111111

Diagnosis Description: Sickle Cell Crisis

Date of Last ED Visit: 2015-05-03 # of ED Visits in Last 6 Months: 12 # of Imaging Visits in Last 6 Months: 11

ICM Managed: Yes

Case Status: Intensive Care Management 04/27/2015

ICM Case Manager: Sample Manager

Co-Morbid Conditions: Sickle Cell Indicator

**Medical Record Number:** xxxxxxxx

#### Sample ADT Daily Report

						ation Re			s): 5/29/2015 - 5/31/2												
Me	ember ID	Member Name	Program	Coverage Code	Eligibility Status	Sensitive Opt Out Selections	DOB	Age l	Member Address	Member Phone	Name of ED	Patient Location	Is ICM Managed	Case Manager	Case Status	Case Type	Case Type Description		Diagnosis Text Description	# of ED   visits in the   last 6 months	Date of las ED visit
	999999999	Sample, Member	HUSKY A	F07	Active	Medical is reportable	1/1/9999		142 Any Street Any Fown CT 00011		ΥН	YNHH ED	no						Abdominal pain x 3 days, seen here 3 day	12	1/27/:
	88888888	Sample, Patient	HUSKY A	X25	Active	Medical is reportable	1/1/9999		383 Any Lane Any City CT 00009		ВН	BH ED	no						fall	1	12/6/
	77777777	Example, Case	HUSKY A	F07	Active	Medical is reportable	1/1/9999		383 Any Where Any City CT 00009		YH	EDPEDIATR	no					298	Behavior Problem	1	12/30/
	66666666	Specific, Member	HUSKY A	X25	Active	Medical is not reportable	1/1/9999		383 Any Place Any City CT 00009		ВН	BH ED	no						ear pain		
	55555555	Any, Member	HUSKY D	X02	Active	Medical is reportable	1/1/9999		383 Any Location Any City CT 00009		YH	YNHH ED	yes	Sample Manager	<b>0</b> 3	500030	Behavioral Health ICM 05/21/2015		ETOH ingestion	24	5/1/

X	Υ	2	AA	AB	AC	AD	AŁ	AF	AG	AH	Al	AJ	AK	AL	AM	AN
Last 2 Primary Diagnosis Codes	# of Imaging visits in ED in the last 6 months	substance	for prescriptio ns within controlled substance painkillers	controlled substance painkiller	PCP ID	PCP Name	PCP Phone Number	ADT Status Code	SPMI Indicator	Sickle Cell Indicator	Pregnant Indicator	Asthma Indicator	Diabetes Indicator	Heart Failure Indicator	COPD Indicator	Coronary Heart Disease Indicator
2015-04-15 ADJ D/O W/MIX DISTURB EMOTN&COND UCT; NONDEPENDE NT CANNABIS ABS	10	5	1		99999999	Sample Doctor	203999999	A04	NO	NO	NO	YES	NO	NO	NO	NO
2015-03-10 UNSPECIFIED OTITIS MEDIA	1				99999999	Sample Physician	2039999999	A04	NO	NO	NO	YES	NO	NO	NO	NO
2015-05-01 DB W/O COMP TYPE I TYPE UNCNTRL	2				999999999	Any Physician	2039999999	A04	NO	NO	NO	NO	NO	NO	NO	NO
2015-04-30 ROUTINE INFANT/CHILD HEALTH CHECK; BMI PED 5TH ½ TO < 85TH ½ AGE					99999999	Example Doctor	203999999	A04	NO	NO	NO	YES	NO	NO	NO	NO
2015-05-06 NONDPND ALCOHL ABS JNS	59	1	1	1	999999999	Any Doctor	2039999999	A04	YES	NO	NO	NO	NO	YES	YES	YES



#### **ADT Implementation**

- In 2015, CHNCT expects to expand ADT Implementation Statewide thru the Connecticut Hospital Association (CHA).
- Implementation of a Statewide Real Time ADT Transaction Exchange. CHA acts as the hub for all transactions.
- Currently testing ADT feeds from CHA for 26 hospitals. Target is to implement balance of Connecticut Hospitals supported by CHA in the summer 2015.
- Assessment of hospitals not participating in CHA to determine if ADTs can be sent directly to CHNCT.

#### **Member Education**

#### **Member Education**

Information on the 24-hour Nurse Helpline is available on <a href="www.huskyhealth.org">www.huskyhealth.org</a> member website and is included in our new member welcome packets.



#### Urgent Care & Walk-In Medical Centers

Emergency Department alternatives are provided on <a href="www.huskyhealth.org">www.huskyhealth.org</a>. Distribution also via member mailings, face to face visits, school based nurses and day cares.





#### Member Education (con't)

24 Hour Nurse Help Line signs were placed on the exterior and interior of city buses in Bridgeport, Waterbury, Hartford and New Haven.





#### Member Education (con't)

24 Hour Nurse Help Line educational posters were created and distributed to primary care physician offices, FQHCs and clinics. All materials are available in English and Spanish.





# Provider Education Portal Reports

#### Secure Provider Portal Reports

- CHNCT developed a variety of reports that provide valuable information to assist primary care practices with the management of HUSKY Health members attributed to their practice.
- Practices are granted access to the secure Provider Portal through an approval and validation process.
- Portal reports are loaded to the secure Provider Portal by the 20th of each month. Practices registered after the 19<sup>th</sup> of each month will be able to view their reports the following month.
- Reports can be downloaded, saved, and filtered for use by office staff.
- All reports are generated at the practice's Federal Tax Identification Number (TIN) level for members attributed to PCPs in the practice, and will not show members that "Opt Out" of sharing medical information.

#### Available Secure Provider Portal Reports

#### **Panel Reports:**

Patient Panel Report

#### **Utilization Reports:**

- ED Utilization Report
- Inpatient Census Activity
- Inpatient Claims Report
- Pharma Claims Report

#### Gaps in Care Reports:

- Child Well-Care
- Child Diabetes Screening Tests
- Adult Preventive Visits Age 21-49
- Adult Preventive Visits Age 50-64
- Adult Diabetes Screening Tests
- Cancer Screening Tests

#### **ED Utilization Report**

This report includes all members attributed to PCPs that have had at least one trip to the Emergency Department in the last six months and paid in the prior month. It will also show the last time the member had a preventive or office visit.

ED Utiliza Excludes I Opt-Out N	Dual Eligi	ble and			999 - Samp											
DCP ID	PCP Full Name	Last Name	First Name	Member ID	Member Birth Date	Member Zip	п нон	нон Name	Date Of Service	Admit Diag Code	Admit Diag Code Desc	Other Diag Code 1	Other Diag Code 1 Desc	Day Of Week	Time Of Day	Revenue Code
999999999	Dr. Brown	Member A		999999999	11/15/9999	06088	123456789	Member F	8/21/2014	6820	CELLULITIS OF FACE	6820	CELLULITIS OF FACE	THURSDAY	0000	0450
999999999	Dr. Smith	Member B		88888888	11/8/9999	06071	234567890	Member G	11/26/2014	95901	HEAD INJURY NOS	8500	CONCUSSION W/O	WEDNESDAY	0000	0450
999999999	Dr. Smith	Member C		77777777	10/16/9999	06071	345678901	Member H	12/25/2014	47819	NASAL & SINUS DIS NEC	490	BRONCHITIS NOS	THURSDAY	0000	0450
99999999	Dr. Jones	Member D		66666666	9/3/9999	06082	456789012	Member I	1/7/2015	7820	SKIN SENSATION DISTURB	7820	SKIN SENSATION DISTURB	WEDNESDAY	0000	0450
999999999	Dr. Jones	Member E		55555555	2/17/9999	06071	567890123	Member J	1/5/2015	71945	JOINT PAIN-PELVIS	71945	JOINT PAIN-PELVIS	MONDAY	0000	0450

#### ED Utilization Report (cont'd)

99999999 - Sample Practice

ED Utilization Detail Excludes Dual Eligible and Opt-Out Members

Last Name	First Name	Hospital Name	LPV Date Of Service	LPV Provider Name	LPV Provider Medicaid	LPV Revenue Code	LPV Revenue Code Desc	PA Procedure Code	LPV Procedure Code LPV Procedure Code LPV ANALA LEA ANAL	LPV Diag Code	LPV Diag Code Desc	LOV Date Of Service	LOV Provider Name	LOV Billing Provider	LOV Revenue Code	LOV Revenue Code Desc	Procedure Code	LOV Procedure Code	LOV Diag Code	CODE DISCORDED CODE DESC
A	I	HOSPITAL		COOK	33333333			33333	AGE 18-39	V/00	MEDICAL EXAM		COOK	33333333			33201	ATIENT VISIT	V/43	VENERAL DIS
Member B	I	ABC HOSPITAL	7/24/2013	DR. COOK	999999999			99384	PREV VISIT NEW AGE 12-17	V700	ROUTINE MEDICAL EXAM	3/5/2014	DR. COOK	999999999			99213	OFFICE/OUTP ATIENT VISIT EST	1101	DERMATOP HYTOSIS OF NAIL
Member C	l'	ABC HOSPITAL	1/1/1900									9/16/2014		99999999			99201	OFFICE/OUTP ATIENT VISIT NEW	V745	SCREEN FOR VENERAL DIS
Member D		ABC HOSPITAL		соок	999999999			99395	PREV VISIT EST AGE 18-39	V700	ROUTINE MEDICAL EXAM	1/7/2015	DR. COOK	99999999			99213	ATIENT VISIT	78650	NOS
Member E	l'	ABC HOSPITAL	6/3/2013	DR. COOK	999999999			99385	PREV VISIT NEW AGE 18-39	V700	ROUTINE MEDICAL EXAM	1/26/2015	DR. COOK	999999999			99214	OFFICE/OUTP ATIENT VISIT EST	71945	JOINT PAIN- PELVIS

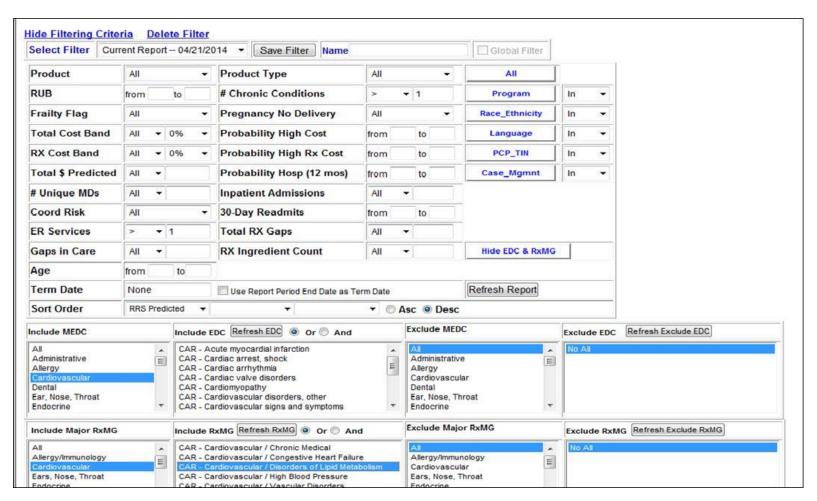
For illustrative purposes only

# Provider Education CareAnalyzer®

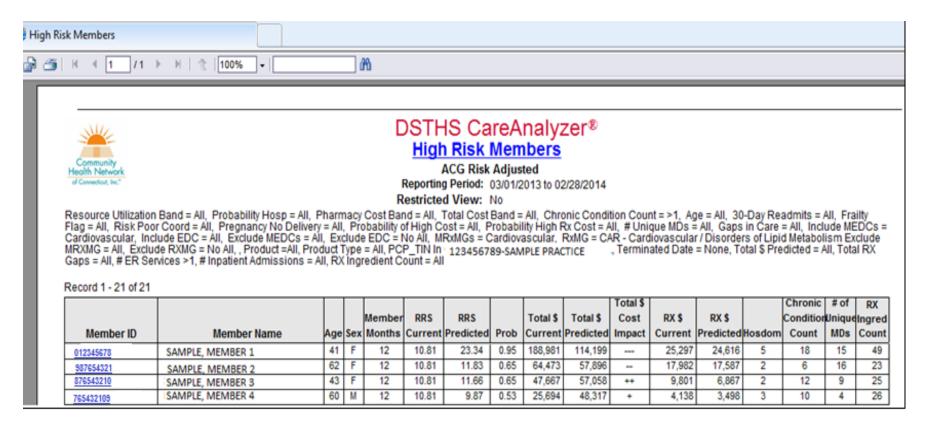
#### CareAnalyzer® Introduction

- CareAnalyzer® is an analytic tool used by CHNCT for population health management and to monitor performance on a variety of quality measures.
- The tool combines elements of patient risk, care opportunities, and provider performance, including the following:
  - Current and predicted risk scores for each member using the Johns Hopkins ACG® (Adjusted Clinical Group) methodology
  - Provider performance based on quality measures
  - Utilization
  - High risk member identification
  - Gaps in Care
- The tool is available to primary care practices:
  - Practice level reports are available at both a summary and detail level, and are based on members attributed to the practice.

## High Risk Member Report Filtering Options

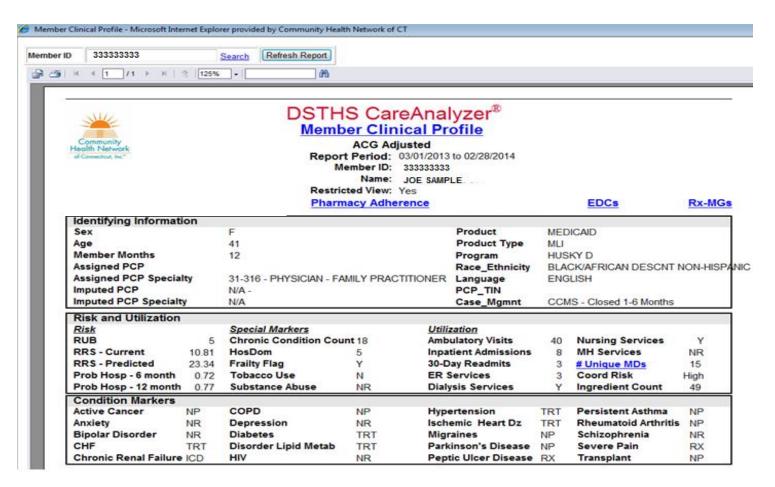


#### **High Risk Member Report**



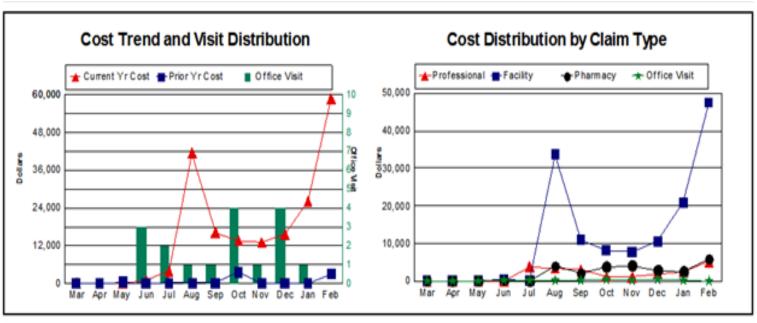
- Provides member's current and predicted risk score along with condition count, cost, and pharma utilization data.
- Assists in identifying and stratifying members for proactive, targeted care management interventions.

#### **Member Clinical Profile**



- Member-specific information identifying risk factors and conditions.
- Member utilization, including ED visits and readmissions.
- Sensitive conditions are only identified for members who don't opt out.

#### Member Clinical Profile (cont'd)



Cost Analysis		
Total Cost \$		RX Cost \$
Actual Allowed Total	188,981.29	Actual Rx Cost 25,296.72
Actual Paid Total	189,248.19	Predicted Rx 24,616.02
Predicted Total	114,199.48	Probability Rx Cost Outlier 98%
Probability Total Cost Outlier	95%	Probability Rx Cost Outlier Prior 1%
Probability Total Cost Outlier Prio	r 10%	Rx Cost Band 98-99%
Total Cost Band	98-99%	

# Questions?